

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 577910

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51	/		/		/	
2	/		/		/		52	/		/		/	
3	/		/		/		53	/		/		/	
4	/		/		/		54	/		/		/	
5	/		/		/		55	/		/		/	
6	/		/		/		56	/		/		/	
7	/		/		/		57	/		/		/	
8	/		/		/		58	/		/		/	
9	/		/		/		59	/		/		/	
10	/		/		/		60	/		/		/	
11	/		/		/		61	/		/		/	
12	/		/		/		62	/		/		/	
13	/		/		/		63	/		/		/	
14	/		/		/		64	/		/		/	
15	/		/		/		65	/		/		/	
16	/		/		/		66	/		/		/	
17	/		/		/		67	/		/		/	
18	/		/		/		68	/		/		/	
19	/		/		/		69	/		/		/	
20	/		/		/		70	/		/		/	
21	/		/		/		71	/		/		/	
22	/		/		/		72	/		/		/	
23	/		/		/		73	/		/		/	
24	/		/		/		74	/		/		/	
25	/		/		/		75	/		/		/	
26	/		/		/		76	/		/		/	
27	/		/		/		77	/		/		/	
28	/		/		/		78	/		/		/	
29	/		/		/		79	/		/		/	
30	/		/		/		80	/		/		/	
31	/		/		/		81	/		/		/	
32	/		/		/		82	/		/		/	
33	/		/		/		83	/		/		/	
34	/		/		/		84	/		/		/	
35	/		/		/		85	/		/		/	
36	/		/		/		86	/		/		/	
37	/		/		/		87	/		/		/	
38	/		/		/		88	/		/		/	
39	/		/		/		89	/		/		/	
40	/		/		/		90	/		/		/	
41	/		/		/		91	/		/		/	
42	/		/		/		92	/		/		/	
43	/		/		/		93	/		/		/	
44	/		/		/		94	/		/		/	
45	/		/		/		95	/		/		/	
46	/		/		/		96	/		/		/	
47	/		/		/		97	/		/		/	
48	/		/		/		98	/		/		/	
49	/		/		/		99	/		/		/	
50	/		/		/		100	/		/		/	
TOTAL IND.							TOTAL IND.	/		/		/	
TOTAL DEP.							TOTAL DEP.	50		50		50	
TOTAL CLAIMS							TOTAL CLAIMS	51		51		51	